

Name:	Natalie Brown	Observation at start	CRT:	2s	
D.O.B.:	02/06 (26 years)	RR:	20	Temp:	36.4
Address:	(Insert local address)	ETCO2	-	BM:	5.6
		Sats:	98%	Weight:	102Kg
Hospital ID:	398 5516 735	Heart Rate:	110	Allergy	NKDA
Ward:	Labour ward	BP:	105/65		
Background to scenario		Specific set up			
A patient with an epidural inserted has a prolonged foetal bradycardia requiring a category 1 LSCS. The epidural top up is patchy/GA is induced. An unanticipated difficult airway is encountered.		Intubatable mannequin, attached to oxytocin Epidural inserted and associated paperwork CTG showing bradycardia In situ – starting in labour room, progress to theatre Airway equipment, induction drugs			
Required embedded faculty/actors		Required participants			
Patient (voice) Midwife (could be participant) Obstetrician (could be participant) ODP		Anaesthetist Midwife/Obstetrician could be participants in MDT sim			
Past Medical History					
Previously fit, 102kg, no concerns during pregnancy 37/40. Spontaneous rupture of membranes but slow to progress, started oxytocin infusion. 6cm on last VE 30 mins ago Epidural inserted 3h ago, working well. Pain eased, no motor block Midwives and obstetricians concerned about foetal bradycardia lasting >5min, for category 1 LSCS Airway: MP III, short neck, normal mouth opening, Normal neck and jaw movement, thyromental distance 4cm					
Drugs Home			Drugs Hospital		
Pregnancy vitamins only			Oxytocin infusion – as local protocol Epidural infusion – as local protocol		
Brief to participants					
Natalie Brown has been booked for a category 1 Caesarean section for a foetal bradycardia. She has had an epidural inserted 3 hours ago, it is working well. Please assess and proceed					
Scenario Direction					
Stage 1, 0– 5 minutes Assessment and decision making					
A	Patent, talking.				
B	RR 20 sats 98%				
C	HR 110 BP 105/65				
DE	CTG foetal bradycardia, Epidural in situ. Slight pain during contractions. Distressed by sudden deterioration				
Rx	Pre-op assessment and consent. Decision for mode of anaesthesia with MDT input Intrauterine foetal resuscitation? Transfer to theatre				
Stage 2, 5–10 minutes If epidural topped up					
	Observations remain static				
	Epidural is slow to top up/patchy block. Patient can be distressed depending on confidence of participants				
	CTG continues to show bradycardia				
Rx	Decision to proceed with GA with MDT input Call for help depending on confidence level and local protocol Patient explanation and preparation – communication, planning				
Stage 3, 10– 15 minutes GA/difficult airway					
A	Difficult airway- success at a suitable stage of DAS algorithm 1, 2 or 3				
B	Sats drop if not ventilated				
C	HR rises to 140 if no opioid given or if anaesthesia not maintained, BP rises to 150/85 HR drops if prolonged hypoxia				
DE	Suitable options for maintaining anaesthesia				
Rx	Management of difficult airway in obstetrics Calling for appropriate help MDT discussions re continuing with proceeding with surgery and post-op care				
Guidelines					

DAS Guidelines for the management of difficult and failed tracheal intubation in obstetrics – 2015 https://das.uk.com/guidelines/obstetric_airway_guidelines_2015	
Guidance for Patient Role	
Opening lines/questions/cues/key responses What is happening! Will my baby be ok? Keen to be present for birth of baby	Relevant HPC / PMH 37/40, otherwise fit, no concerns in pregnancy Spontaneous rupture of membranes Epidural inserted 3 hours ago, working reasonably well
Concerns Concerns for safety of baby	Actions Distressed if not being listened to
Guidance for ODP role	
Actions Support with difficult airway management Competent but does not anticipate needs	Guidance for Obstetrician roles Declare Cat 1 LSCS Concerned about continued foetal bradycardia Support MDT discussions
Guidance for Role e.g. ITU/Anaesthetic Senior	
Expectations/actions Can assist depending on participant confidence and local protocol. Ask participant what support is required	Guidance for Midwife role Concerned about foetal bradycardia Support with patient history and bloods if required
Session Objectives	
Clinical	Management of Category 1 Caesarean section Management of rapid epidural top up If in-situ – availability and location of medication, monitoring and safe transfer Management of difficult airway in Obstetrics
Non-technical skills	
Teamworking	Coordinating team, exchanging information, using authority and assertiveness
Task management	Continuous planning, following standards, identifying and utilising resources
Situational awareness	Gathering information, anticipating
Decision making	Identifying options, balancing risks and selecting options, re-evaluating

Tell us how you found this simulation scenario resource.

Give us feedback (5 mins) here: <https://forms.office.com/e/etz7yZf0aa>

Or scan the QR code below:

